STATE (OF CALIF	ORNIA		TRAVE		PENS	SE CL	AIM			All Rec	uired Receip Services Br				
DEPART SO-27(Rev 6		FOOD A	AND AGRICULTURE	Training		f-State Trip#										
Claimant	2.00				Out-0	1-State Trip#		rity Number				Page	of			
Will Brown								XXX-XX-XXXX					1 1			
Civil Service Classification Bargaining Unit & Designation								Branch Name Executive Office					Telephone Number 916-654-0433			
Undersecretary Exempt Residence Address (PO Box Only is Unacceptable)								Headquarters Address					910-034-0433			
		***************************************		1220 N Street												
City Zip Code								City					Zip Code 95814			
								Sacramento								
Month/Year			Location	Per Diem			1			ransp	ortation	Ation				
May	2009	D a	Where Expenses were Incurred	d Lodging	Breakfast	Lunch	Dinner	Incidental	Cost of	y olls/	Priv	ate car		Total		
	Time	t	(Between What Points)		В	L	D		Trans	p Parkin			Business	Expenses for		
Time	Return	e			Ь	L	D					Amount	Expense	day		
									X							
								2								
							14	V	7							
								•								
					41	X										
Normal F	lours	7	Remarks or Details and Explana	tion of Business	Ba pendina	(Attach Vo	uchers/Rece	pts when requ	uired)							
U	to	-														
0800 1700																
Pvt Veh I	ic#															
Rate Clai	med		/													
	per Mile															
State Vel	#															
Accounting Paid by R	ng Use On Levolving F	y und Chec			onference or Convention Attendance Under PA 599.635 Approved				er Total Revolving Fund Advances for Month				Total Claim			
									\$							
Signature of Department Head or De I HEREBY CERTIFY, that the above is a new statement of the travel expenses incurred by me in according to the statement of the travel expenses incurred by me in according to the statement of the travel expenses incurred by me in according to the statement of the travel expenses incurred by me in according to the statement of t																
I HEREB	Y CERTII	Y, that th	te above is a true statement of the siness of the State of California.	e travel expenses If a privately ow	ncurred by	me in accord was used 1 h	tance with D ave met the	PA rules in th requirements	ie service of in SAM. See	the State of C ction 0754. Fo	alifornia, and or mileage	that all iten	ıs			
reimburse	ement rates	which ex-	condition in mate, I certify	that the actual co	ost of operati	ng the vehic	e was equal	to or exceede	d the amoun	t claimed.						
Signature of Claimant Date							Signature of Officer Approving Payment						Date			
Accounting Use Only				ogram Use			Accounting			ccounting Us	e Only	nly				
Line #		FY	%	% Program/Function			Object Cod	Object Code		Amount			Taxable	Taxable		
			100%	710	10											
												1				

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